

Hollister Recreation

VETERANS' MEMORIAL BUILDING
649 San Benito Street, Hollister, CA 95023

☎ 831 630 5118 📠 831 638 1294

USE PERMIT APPLICATION

APPLICANT INFORMATION

ORGANIZATION: _____	
Name: _____	Cell: _____ Fax: _____
Address: _____	Home: _____ Work: _____
City: _____	Email: _____
Contact Person: _____	Phone _____ Fax: _____
Is this a non-profit organization? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, non-profit # is: _____

EVENT INFORMATION

Type of Event: _____		No. of Guests: _____	Adults: _____	Youth _____	
Will Food be served? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: <input type="checkbox"/> catered-in	<input type="checkbox"/> prepared in Kitchen		
Will Alcohol be served? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will Alcohol be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Admission Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amounts: \$ _____			
REQUESTED DATES:	Day of Week	Date	From	To	# of Hours
Set-Up and Prepare	_____	_____	_____	_____	_____
Rehearsal	_____	_____	_____	_____	_____
Rehearsal	_____	_____	_____	_____	_____
ACTUAL EVENT	_____	_____	_____	_____	_____
Clean-Up and Closure	_____	_____	_____	_____	_____
REQUESTED ROOM(s):					
<input type="checkbox"/> Combo Pkg.	<input type="checkbox"/> Men Lounge	<input type="checkbox"/> Room 204	<input type="checkbox"/> Room 218	<input type="checkbox"/> Kitchen & Bar	
<input type="checkbox"/> Main Hall	<input type="checkbox"/> Ladies Lounge	<input type="checkbox"/> Room 204 A	<input type="checkbox"/> Room 218 A	<input type="checkbox"/> Kitchen Only	
<input type="checkbox"/> Dining Room	<input type="checkbox"/> Room 105	<input type="checkbox"/> Room 204 B	<input type="checkbox"/> Room 218 B	<input type="checkbox"/> Courtyard	
REQUESTED EQUIPMENT:					
CHAIRS _____	TABLES 18"x 6' _____	30"x 30" _____	30"x 6' _____	30"x 8' _____	Round 6' _____
Lecterns _____	Easels _____	Screen _____	TV/VCR _____	Projector _____	
SPECIAL PERMITS REQUESTED:					
Banner to be placed on grounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size _____	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Hang on building	
Parking space for Catering Truck or BBQ pit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many and where? _____			

REQUIRED SECURITY _____ guards are required before opening the doors and until all guests have left the Building and the security force is dully discharged by the facility coordinator. A copy of the Security Contract must be filed with the Hollister Recreation Division 10 working days prior to the date of the event. **Date Received** _____

PERMITS AND LICENSES The permittee shall comply with all applicable city, county, state and federal laws, and obtain all permits, business licenses, and notifications required for this event. **Date Received** _____

INSURANCE The permittee shall have insurance naming the City of Hollister as an additional insured in the amount of \$1,000,000. If this cannot be provided by permittee's homeowner's or business' insurance, then it may be purchased through the Recreation Division. **Date Received** _____

- ACTIVITIES PROHIBITED IN THE VETERANS' MEMORIAL BUILDING:**
- Placing of decorations in non-designated areas and/or attaching decorations with nails, pushpins, staples, or tape.
 - Rearranging furniture without authorization from facility monitor.
 - Consumption of Food or Beverages or sale of alcoholic beverages other than in the specifically designated areas.
 - Smoking is not allowed anywhere in the facility.

- CLEAN-UP RESPONSIBILITIES TO BE PERFORMED BY THE USER:**
- Remove all equipment, decorations and personal items brought in for the event.
 - Dispose of all waste produced by the event into the appropriate trash bin.
 - Sweep and mop Kitchen and Bar areas, and clean sinks, counters, and cooking and refrigeration equipment.

HOLD HARMLESS AGREEMENT

It is an express condition of this Permit that the City of Hollister shall be free from any and all liabilities and claims for damages and/or suits for and by reason of any death(s) or injuries to any person or persons or damages to property of any kind whatsoever, whether the person or property of Permittee, its agents or employees, or third persons, from any cause or causes whatsoever while in or upon the permitted premises or any premises or any activity carried on by Permittee in connection therewith; and Permittee hereby covenants and agrees to indemnify and to save harmless the City of Hollister from all liabilities, charges, expenses (including attorneys' fees) and costs on account of or by reason of any such death(s), injuries, liabilities, claims, suits or losses, however occurring, or damages growing out of the same.

I agree to abide by and enforce all rules and regulations of the City of Hollister which pertain to use of the facilities requested, and to be responsible for returning the facilities to the City of Hollister in the same condition in which received and to reimburse the City of Hollister through forfeiture of deposit and/or additional reimbursement for any loss or damage related to use of the Veterans' Memorial Building.

Date: _____ **Signature:** _____

FOR OFFICE USE ONLY			
CHARGES:		USER CATEGORY: 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>	
Application Fee:	_____	Date received:	Staffer:
Room Rental:	_____	_____	_____
Furniture Rental:	_____	_____	_____
Insurance:	_____	_____	_____
Security Deposit:	_____	_____	_____
Total:	_____	_____	_____

WALK THROUGH <i>BEFORE</i> THE EVENT			
Alternate Contact Person: _____		Telephones: _____	
Check floors, walls, windows, mirrors and counters for cleanliness, inside and outside the building.			
Check furniture and kitchen equipment.			
Lobbies & halls	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Main Hall	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Dinning Room	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Furniture	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Bathrooms	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Kitchen and Bar	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Equipment	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Stage	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Lounge Rooms	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Courtyard	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Additional comments: _____			
I have inspected and agreed that all the above mentioned items, other than the exceptions noted, are clean and undamaged			
Renter	Date and Time		

DURING THE EVENT	
SECURITY: IN at _____ No. of guards _____ men _____ women _____ OUT at _____	
Doors opened to the public at _____ Attendance Count: _____	
Comments _____	
ADDITIONAL EQUIPMENT and/or SERVICES REQUESTED AND PROVIDED DURING THE EVENT:	

WALK THROUGH <i>AFTER</i> THE EVENT			
Check floors, walls, windows, counters and equipment for cleanliness, inside and outside the building.			
Lobbies & Halls	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Main Hall	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Dinning Room	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Bathrooms	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Kitchen and Bar	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Stage	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Back Stage	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Equipment	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
Courtyard	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason _____
DAMAGES: _____			
I have inspected all the above mentioned areas and accept responsibility for the damages and additional expenses listed above. Comments: _____			
Renter	Date & Time		

After the closing inspection, there were no apparent damages or additional expenses to be deducted from the renter’s security deposit.

Comments: _____

